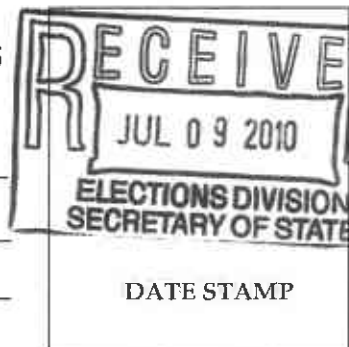


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Committee Committee to Elect Kelly Mims
Address P.O. Box 1037 Tupelo, MS 38802
Telephone 769/610-3188 Fax _____
Treasurer Don O. Gleason Email Info@KellyMims.Com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
✓ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 250 + \$ 350	\$ 600	\$ 19,025
Total amount of disbursements	\$ 4566 ⁴⁸ + \$ 19125	\$ 4,757 ⁷³	\$ 17,421 ¹³
Total amount of cash on hand		\$ 1,603 ⁸²	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Don O. Gleason
Signature of Director or Treasurer

7/9/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Committee to Elect Kelly Mims

Page

of

Reporting period

June 1, 2010

through

June 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name Blue Dot Group, LLC		Date (Mo., Day, Year) 6/14/10	Amount of each disbursement this period \$ 3000
Mailing Address			
City, State, Zip Code Jackson, MS		6/13/10	\$ 860.92
Purpose of Disbursement (Optional) Consulting - Campaign Management / Printing		Aggregate Year-to-date	\$ 12,860.92
B. Full name Ritz Carlton		Date (Mo., Day, Year) 6/14/10	Amount of each disbursement this period \$ 205.56
Mailing Address			
City, State, Zip Code New Orleans, LA		6/14/10	\$ 205.56
Purpose of Disbursement (Optional) Travel		Aggregate Year-to-date	\$ 205.56
C. Full name Ben Logan		Date (Mo., Day, Year) 6/13/10	Amount of each disbursement this period \$ 500 -
Mailing Address			
City, State, Zip Code Tupelo, MS		6/13/10	\$ 500 -
Purpose of Disbursement (Optional) Rent		Aggregate Year-to-date	\$ 1500
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Kelly MimsReporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Johnson</u>		<u>6/20/10</u>	\$ <u>250</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code <u>Saltville, MS</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Cardiology Assoc. of Northern Mississippi</u>		<u> / / </u>	\$
Occupation (Required) <u>Cardiologist</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$